	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						CLAIMS		SERIAL NO. 10/718025		FILING DATE		

SERIAL NO. 10/718025 **APPLICANT(S)**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		68				
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8					1		58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49		68					99						
50		48					100						
TOTAL IND.	9		8		8		TOTAL IND.						
TOTAL DEP.	183		48		41		TOTAL DEP.						
TOTAL CLAIMS	192		56		49		TOTAL CLAIMS						